Form **8871** (July 2000)

OMB No. 1545-1693

Pai	III Gene	ral Information						
1	Name of organization Siegling for Senate						Employer identification number	
2	Mailing address	s (P.O. Box or number, Blvd.	street, and roor	n or suite n	umber)		91-2063117	
	City or town, state, and ZIP code Charleston, SC 29401							
3	E-mail address of organization joshuastrimple@hotmail.com							
4a	Name of custodian of records     Lanneau Siegling				4b Custodian's address 64 Lenwood Bivd., Charleston, SC 29401			
5a	5a Name of contact person				5b Contact person's address 1003 B, Centervilla Ln. James Island, SC 29412			
	Joshua Strimple				1900 D, Setter vita Lit. Saires islaire, 30 23412			
6	Business address of organization (if different from mailing address shown above). Number, street, and room or suite number							
• • • • • • • • • • • • • • • • • • • •	City or town, state, and ZIP code							
Part II Purpose								
7								
	Organization to campaign for Senate District 43							
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Part III List of All Related Entities (see instructions)  8a Name of related entity								
8a Name of related entity 8b Relation			OD Relationsi	ıф	8c Address	<del></del>		
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here Signature of authorized official



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